

Patent Confirmation No. 9067 Atty. Dkt. No. 042049-0107

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants:

Andre JESTIN et al.

Title:

CIRCOVIRUS SEQUENCES ASSOCIATED WITH PIGLET

WEIGHT LOSS DISEASE (PWD)

Appl. No.:

10/718,266

Filing Date: 11/21/2003

Examiner:

Ali Reza Salimi

Art Unit:

1648

## AMENDMENT TRANSMITTAL

Mail Stop AF Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

The fee required for additional claims is calculated below:

	Claims			Extra					
	As		Previously		Claims				Additional
	Amended		Paid For		Present		Rate		Claims Fee
Total Claims:	20	-	20	=	0	Х	\$50.00	=	\$0.00
Independent Claims:	12	-	13	=	0	x	\$200.00	=	\$0.00
First p	oresentation (	of ar	ny Multiple	Depen	dent Claims:	+	\$360.00	=	\$0.00
					CLAIMS	FEI	E TOTAL	=	\$0.00

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[X] Applicants hereby petition for an extension of time under 37 C.F.R. 1.136(a) for the total number of months checked below:

\$120.00	\$120.00
\$450.00	\$0.00
\$1,020.00	\$0.00
\$1,590.00	\$0.00
\$2,160.00	\$0.00
ON FEE TOTAL:	\$120.00
\$130.00	\$0.00
ER FEE TOTAL:	\$120.00
tract ½ of above):	\$0.00
TOTAL FEE:	\$120.00
	\$450.00 \$1,020.00 \$1,590.00 \$2,160.00 ON FEE TOTAL: \$130.00 ER FEE TOTAL: tract ½ of above):

A credit card payment form in the amount of \$120.00 is enclosed.

The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by the credit card payment form being unsigned, providing incorrect information resulting in a rejected credit card transaction, or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

If any extensions of time are needed for timely acceptance of papers submitted herewith, applicant hereby petitions for such extension under 37 C.F.R. § 1.136 and authorizes payment of any such extensions fees to Deposit Account No. 19-0741.

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Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date

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